

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039728

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 278Primary Registration District No. 3054Registrar's No. 140

FILED OCT 31 1962

## 1. PLACE OF DEATH

a. COUNTY

PIKE CO. MISSOURI

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN LOUISIANA, MO.

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

ILL.

b. COUNTY

PIKE

admission)

c. CITY

OR TOWN

ROCKPORT, ILL.

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

PIKE CO. HOSPITAL

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

1000 1/2 ST., ROCKPORT, MO.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

WILLIAM

LOYD

ARNETT

## 4. DATE OF DEATH

Month

Day

Year

OCT.

19

1962

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1895

## 9. AGE (last birthday)

67

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARM

## 10b. KIND OF BUSINESS OR INDUSTRY

FARM LABORER

## 11. BIRTHPLACE (City and state or country)

NEW CANTON, ILL.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

OSCAR ARNETT

## 13b. MOTHER'S MAIDEN NAME

MATILDA SAXBURY

## 14. NAME OF HUSBAND OR WIFE

MARY DEARDUFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, YES known) (If WORLD war WAR I of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mary Dearduff Rockport, Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Occlusion

## INTERVAL BETWEEN ONSET AND DEATH

10 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic Coronary Occlusion

2 wks

DUE TO (c)

ASHD

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour - Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/6/62 to 10/19/62 and last saw him alive on 10/18/62  
Death occurred at 4:01 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

FRANK WARD

PLEASANT HILL, ILL.

10-24-62

Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

10822

28120

3

4 0

5 1

6

7 1

8 2

94200

10

11

12 1-0

13 2-0

JAN 8 1963

NOV 2 1962

MAR 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Frank Ward, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Ward Funeral Home

Licensed Embalmer No. 6062

P. O. Address Pleasant Hill, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.